SIGIANS should occupation is PHYSICIANS RECORD ö statement PERMANENT Exact classified. D properly NK supplied. pe UNFADING may certificate. 80 ö back terms, pinous 60 plain Instructions Information C I DEAT See 0 9 Item mportant. Every

state Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist, No. fif death occurred in Ward) a hospital or institution, give its NAME Instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE 1919 MARRIEO. WIDOWED. (Month) (Year) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191.U. (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State ____ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or (intermant) usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

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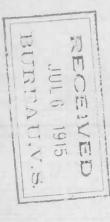
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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenela-"Contributory." such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the genital," "Senile," etc.), aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head of (seeondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



If death occurred in Village or CityWard) a hospilal or institution. give its NAME Instead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 16 DATE OF MARRIED, WIDOWED OR DIVORCED (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ce (Month) (Year) 7 AGE of If LESS than and that death occurred on the date stated above 1 day, hrs. ck OR min. ? OCCUPATION
(a) Trade, profession, or 0 particular kind of work (b) General nature of lodustry structio business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) 0 20 10 NAME OF FATHER (bengl2) PTH i 11 BIRTHPLACE RENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether Accidental, mpor 12 MAIDEN NAME SHICIDAL OF HOSICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) BIRTHPLACE In the At place OF MOTHER (State or country) of death . yrs. ':..... mes. Where was disease contracted. Every item of should state COCCUPATION if not at place of death? Former or usual residence DATE OF BURIAL (Address . 191..... 15 m Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

PHYSICIANS statement of

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question is provided for the latter statement; it should be used For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-State cause for which Never report mere



CERTIFICATE OF DEATH pinous Registration Dist. No. lif death occurred in St.:....Ward) a hospital or institution. RECORD PHYSICIAN give its NAME instead of street and number. I statement MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNJ EXACTLY. 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Marrier PERMAN WIDOWED. BINDING (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended DATE OF BIRTH classified (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, st t day,hrs. The CAUSE OF DEATH* was as follows: OR 7 properly BOCCUPATION (a) Trade, profession, or ESERVED INK particular kind of work... supplied. 200 (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory 1 Secondary that a 10 NAME OF FATHER (Signed) 80 0 MARGIN pe back ARENTS 11 BIRTHPLACE terms, OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 0.0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain Instructions OF MOTHER Information 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER EATH (State or country ot death _____ yrs. ____ mos. ___ State Where was disease contracted. See If not at place of death? 0 Q Former or Item 10 Every Item CAUSE OF Important. usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 2 REGISTRAR If more blanks are needed, address State Registrar, o E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necstatement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum etc. Cargin pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of CAUSING DEATH (the primary affection with respect to "Croup";) "Typhoid fever (never report "Typhoid term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE

> childbirth or miscarriage as "Puerperal septichacralvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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SICIANS itement of	County Lucein alline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
CTLY, PHY	Village or City leaf hus Corner (No. ,	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
Tieg	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXAC	Male Thete Single, Surgle Married, Widdle Write the word)	18 DATE OF DEATH (Month). (Day) (Year) 17 TA HEREBY CERTIFY. That lattended deceased from
hould be sta be properly certificate.	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h the alive on fund / 191 %
AGE short it may be back of ce	7 AGE S If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
on the	B OCCUPATION (a) Trade, profession, or particular kind of work	Tulmonary Juberculie
rafully suppli n terms, so t instructions	(b) Generat nature of industry business, or establishment in which employed (or employer) BIRTHPLACE	Burstion Line 7 ds.
plain See in	(State or country) Nout Lee Mill.	Secondary (pdrailin) / yrs/ mos ds.
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tion should of DEATH important.	(State or country) (elef CO. 1120 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTH	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
AUSE O	13 BIRTHPLACE OF MOTHER (State or country) Kent la Mul.	OR RECENT RESIDENTS) At place In the of death
state CA	(Informant) and the BEST OF MY KNOWLEDGE	if not at place of death ?
Every item of instance should state CAN	(Address) lettestestoubil Mid	Mean Locust Swore Kent Com Muc 17, 1915.
S. S.	Filed, 191	20 UNDERTAKER Sold Chesterbourn

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Greman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL; or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Poisoned by "Puerperal septichaemia, "Dropsy," "Exhaustion," carbolic acid—probably State cause for which Never report mere (Recommendations wound.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TEOENED JULE 1915 RECORD

Village or City Win Derter (No. 2).	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 4 [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Golor or race Single, Marrieo, Jung & Orbital Street of Birth Source Street	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I ettended deceased from viewed body 15 disease on 6-14, 1915. that I last saw him alive on one year aga, 191
a) Trade, profession, or (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Julian any Lemontage Don't Runn (Duration) yrs. mos. ds.
OF FATHER (State or country) Preen Ame Co., M.D. 10 NAME OF FATHER Glyhours Clent celd 11 BIRTHPLACE OF FATHER (State or country) Preen Ame Co., M.D. 12 MAIDEN NAME	(Signed) Secondary Don't Provide (Boration) (Signed) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country), Albort Co, ND. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mus lod Bailey (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LANGE OF BURIAL LANGE L

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schiichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For Vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemer OCCUPATION is very important. See instructions on back of certificate.	
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-Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.	
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SICIANS tement of	Coun	PLACE OF DEATH 9698	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252
CTLY, PHY	Villag	ge or City Outreville (No. , 2 FULL NAME Farah Kar	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC	1 8	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rated relas	3 SE	MARRIED, MARRIED, MARRIED, MARRIED, MODULED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Vattended deceased from
should be st be properly certificate		E OF BIRTH (Month) (Day) (Your) (If LESS than	that I last saw her alive on June 4, 1915,
ed. AGE s hat it may on back of	7 AG	47 yrs. 7 mos. 3 ds. or min.?	and that death occurred on the date stated above, at death m. The CAUSE OF DEATH * was as follows:
refully supplied n terms, so th instructions o	par (b) bus whi	Trade, profession, or ticular kind of work General nature of iodustry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Contributory California yrs. mos. 4 ds. Contributory California Secondary Manual Secondary
on should be ca DEATH in plai mportant. See	ENTS	10 NAME OF Shur. Yof Whaley 11 BIRTHPLACE OF FATHER (State or country) Williams	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL,
Nformati	PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the effect of the state of desth the state of destate of d
y item of in Id state CA UPATION		(Informant)	If not at place of death? Former or usual residence
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-		and besiden and needed, address brand legistrat,	"

9698

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as *House*precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Tealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar menunonia, Pronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," mound



Coun	PLACE OF DEATH 9699	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-3
Villa	ge or City No. 2 FULL NAME Lattin & JY	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	TE OF BIRTH John 9 1915	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1915), to face of the second sec
700 (a	(Month) (Day) (Year) If LESS than 1 day, hrs. OR min.? CCUPATION a) Trade, profession, or rriticular kind of work b) General nature of industry siness, or establishment in	and that death occurred on the date stated above, at 120 m. The CAUSE OF DEATH ** was as follows:
wh	IRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Durallon) yrs mos ds. (Signed) Way May May May May May May May May May M
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OLD ALL STATE OF MOTHER OLD ALL STATE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
14 T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death
14 T	(Address) Fledensiel ied June 26, 1915 L. C. Thomas J. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS T. C. Thomas & Hevryman 118
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Scruant, Cook, Housemail, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary firemon, etc. cian, Compositor, Architect, Locomotive engineer, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question business or industry, and therefore an additional line applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in But in many cases, Ciril

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably mus, to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichoemia," Struck by railwoy train—accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping " "Old Age," "Shoek," "Uracmia," "Weakness," State cause for which (Recommendations Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL6 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

County Lawrence County For a Street S	PLACE OF DEATH	STATE OF MARYLAND
Village or City Total Pota (No. St.; Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS POATE OF BIRTH COMMINITION OF COMMININTO OF COMMINITION OF COMMINITION OF COMMINITION OF COMMINITION O	County States areas	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PO DATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PO DATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERSONAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL PARTICULA	7 01-	Registration Dist. No. 25-4
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE WAS BIRCH ON A BOYCORED WAS BIRCH ON A BOYCORED (Write the word) ODATE OF BIRTH (BOATE OF BIRTH (Corr) (Month) (Day) (Was the word) (Word the word) (Word the word) (Word the word) (Word the word) (Month) (Day) (Wear) (Word) ODATE OF BIRTH (Month) (Day) (Was the word) (Month) (Day) (Wear) (Word) (Month) (Day) (Wear) (Was the word) (Month) (Day) (Wear) (Word) (Month) (Day) (Wear) (Was the Correct of DEATH (Month) (Day) (Wear) (Month) (Day) (Wear) (Month) (Day) (Wear) (Was the Correct of DEATH (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Month) (Day) (Wear) (Month) (Day) (Wear) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Day) (Wear) (Wear) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Village or City Tords Store (No	a hospital or Institution,
Sex 4 color race Single Martine Single Martine	2 FULL NAME Johnson	
MALL CONDAIN (Broke librocol) 5 DATE OF BIRTH 6 24 18/17 7 AGE (Month) (Day) 7 AGE (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h. alive on the date stated above, at m. and that death occurred on the date stated above, at m. The CAUSE OF DEATH ** was as follows: 8 OCCUPATION (3) ITAGE, profession, or particular without of the date stated above, at m. The CAUSE OF DEATH ** was as follows: 9 OCCUPATION (3) ITAGE, profession, or particular without or output; 9 BIRTHPLACE (State or country) 10 NAME OF FATHER MOSSILL Johnson 11 ONAME OF FATHER MOSSILL Johnson 12 Contributory 13 BIRTHPLACE (State on country) 14 THE ADDEN NAME OF MOTHER HUMBER Johnson 14 THE ADDEN NAME OF MOTHER HUMBER Johnson 15 State the DISPASS CAUSINO DEATH, or, in deaths from Violexy Science of Mother Accupants, Science of Country Johnson 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR MOTHER SCIENCE OF BURIAL OR REMOVAL 16 Address) 17 I HEREBY CERTIFY, That I attended deceased from that I last saw h. alive on that I last saw h. alive on the date stated above, at m. that I last saw h. alive on that I last saw h. alive on the date stated above, at m. at that I last saw h. alive on tha		MEDICAL CERTIFICATE OF DEATH
SOCCUPATION Composition	had load or DIVORCED wingle	(Month) (Day) (Year)
TAGE (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at	6 DATE OF BIRTH	17 : I HEREBY CERTIFY, That I attended deceased from
and that death occurred on the date stated above, at	6 24 1911-	, 191, to, 191,
The CAUSE OF DEATH & Was as follows: The CAUSE OF DEATH & Was as follows:		that I last saw h alive on, 191,
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(Informant) (B) General nature of Industry business, or establishment in which employed (or employed (or employed) (B) BIRTHPLACE (State or country) (S) BIRTHPLACE (State or country) (S) ANAME OF FATHER (State or country) (S) HISTHPLACE (State or country) (S) HOND AND AND COMMON OF MOTHER (State or country) (S) HOND AND COMMON OF MOTHER (State or country) (Informant) (Informant) (Address) (Add	8 OCCUPATION (a) Trade, profession, or particular kind of work A DOVL	Stre Best (Tremeling)
Which employer (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER MOSSILLA JOHNSON (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER 15 CHARLES OF MOTHER (Informant)	(b) General nature of Industry	
10 NAME OF FATHER MOSSULE Johnson (Signed) Mullo M. Clouds Local Reg.	which employed (or employer)	(Duration)
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OR RECENT RESIDENTS) Al place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Al place of deeth	FATHER MOSSESS Johnson	(Signed) Milo M Cloure Local Reg 0.
OR RECENT RESIDENTS) Al place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Al place of deeth	11 BIRTHPLACE OF FATHER (State or country) 14 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) Al place of deethyrsmosds. Where was disease contracted, if not al place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) (Address) (Address) Address REGISTRAR OR RECENT RESIDENTS) Al place of deethyrsmosds. State,yrsmosds. Where was disease contracted, if not al place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ONLY MEDIAN (Address) ADDRESS REGISTRAR OUNDERTAKER ADDRESS	of Mother Leunett Thomas	Suicidal of Homicidal.
Where was disease contracted, if not all place of deeth? (Informant) (Address) (Address) Filed (Address) Total Slove (Address) (Address	OF MOTHER	OR RECENT RESIDENTS) All place in the
(Address) Fords Low 19 PLACE OF BURIAL OR REMOVAL 15 Filed 6/25, 1915 Mel Melonnon REGISTRAR Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Oncy needs for 6/25, 1916 20 UNDERTAKER ADDRESS		Where was disease contracted,
15 Filed Co/25, 1915 - Melo Melonnon 20 UNDERTAKER ADDRESS	(Informant) Racher Cooper	Former or
Filed Col 25, 1915 - Malo Mondon 20 UNDERTAKER ADDRESS REGISTRAR NOTICE	(Address) Foras Love ma	P. Idos- 1-
	Filed 6/35, 1915 Mo Mosonnon	
		"FINAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial comployments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Puphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," nius," "Old Age," "Shock," "Uracinia," "Weakness, Struck by railway train-accident; Revolver cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" (merely symptomatic), chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Atrophy," "Exhaustion," wound of



PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. so that it may be Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms. Important.

ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PLACE OF DEATH Quella same



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospital or institution,

FULL NAME Parah Krismannon - of street and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
France Wester (Write the word)	16 DATE OF DEATH June 13 , 1915 (Month) (Day (Year)		
6 DATE OF BIRTH Suptember 18 50 (Month) (Day (Year)	that I last saw h. & alive on 200, 1915		
65 yrs 9 mos ds or min.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Curley Delermo		
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment tn which employed (or employer)	(Duration) Vyrs. mos. ds. Contributory Crede at America		
(State or country) In De 10 NAME OF FATHER Robert Ross 11 BIRTHPLACE OF FATHER (State or country) Left	Secondary (Duration) yrs mos / ds. (Signed) Color N. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-		
12 MAIDEN NAME OF MOTHER Ommiline Jones 13 BIRTHPLACE OF MOTHER (State or country) 14 State or country) 15 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos/4 ds. State 6 byrs. 9 mos. ds		
(Informant) Bussic quilliams (Address) Barelay mod	Where was disease contracted, If not at place of death? Former or usual residence The place of Burial or Removal Date of Burial		
Filed Jame 14, 1915 R. H. Phillips Love at REGISTRAR	20 UNDERTAKER AND SURE &, 1918 20 UNDERTAKER AND ADDRESS HE THILOUR Funday and		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of....... (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE N. B.—Every Item CAUSE OF

Gounty Leave Ceece	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25~2
Village or City Kulhsburg (No.),	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR OLOROGEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 () HEREBY CERTIFY That I attended deceased from
Month (Day (Year)	that I last saw h Lin alive on Jan 23, 1915,
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (2) Trade, profession, or Jabors Form articular kind of work 20) Repart potus of industry	Jufamalies If Agl
(3) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory O d l
10 NAME OF FATHER Den h Kusul	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MaiDen NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos. 3 ds. State 4 yrs. 3 mos. 6 ds Where was disease contracted, 2 come Central Contracted If not at place of death?
(Informant) (Address) Auchaburg My	Former or usual residence. Near Church This M.J. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed June 24, 1915 Port, Wilstins REGISTRAN	20 UNDERTAKER MA JAKES MULLISHANDER MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: causing dearif, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womcu at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehaeample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: genital," is less defiuite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED V. S. No. 1.

PLACE OF DEATH

S S S	PLACE OF DEATH	STATE OF MARYLAND
ICIA men	County Much Volume	CERTIFICATE OF DEATH
HYS	Quitreville	Registration Dist. No. 77
Exact	FULL NAME John Fran	Results of street and number.
Thed	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated Ely class	Male Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ould be proper ertificat	6 DATE OF BIRTH Otuh Kiaw 1 (Month) (Day) (Year)	that I last saw him alive on Succe 13, 1915.
AGE she trmay be ack of c	7 AGE If LESS than 1 day, hrs. OR miln.?	and that death occurred on the date stated above, at
plied. o that I	6 OCCUPATION (a) Trade, profession, or Laborer particular kind of work	mitral regulation
rms, structio	b) General nature of industry business, or establishment in which employed (or employer)	Duration Dent Know ds.
ain te	State or country) 2, a, b, snd.	Secondary (Burstion) / O ws. mes de
d be In p	10 NAME OF Unknown	(Signed) Projon Cree M. O.
Shoul EATH ortan	U II BIRTHPLACE OF FATHER (State or country)	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
OF D	C OF MOTHER LIVE CALL	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
USE is ver	13 BIRTHPLACE OF MOTHER (State or country)	at place 2 a ce stone in the et death yrs mes ds. State, Md yrs mos ds.
n of ir	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, and Knowled If not at place of death? Former or Contact of the
ould sta	(Address) Centreville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL - Cutroulum 19 6-14-1914
B.—Eve	Filed 6-14-, 191 of froh Madrius	Wohl Weddins Ontroville mo
Z	O If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of miscarriage as "Puenperal septichaemia," The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion,"



S. No. 1.

1 PLACE OF DEATH

Count		CERTIFICATE OF DEATH Registration Dist. No. 254
Villag	e or City unustam (No.) 2 FULL NAME VIII Pedri	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, WILLIAM WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DAT	(Month) (Day) (Year)	that I last saw has alive on Jana 1915,
7 AGI		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
par (b) bus whi	Trade, profession, or flour flower fl	(Buration) yrs. mos. ds. Contributory Secondary (Buration) yrs. mos. ds
ENTS	10 NAME OF Charles Scott. 11 BIRTHPLACE OF FATHER (State or country) 12 MANOS NO COUNTRY)	*State the Disease Lausing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
	13 BIRTHPLACE OF MOTHER MANY 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant) A STATE OF MY KNOWLEOGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth yrs. mos. ds. Stats, yrs. mos. ds Whers was disease confrected, If not at place of death? Former or usual residence
15 File	(Address) Fronds Store Ime ad 6/26, 1915- Mrs Mebonnoc REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prigan Cohope In 1 16/27 1915

STATE OF MARYLAND

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[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Screant, Cook write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager." "Dealer," etc., without more is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, buth or miscarriage as "Puerperal septichacmia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be accertained as the "Anaemia" (merely: symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railwoy train-accident; Revolver wound surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Coma," "Convu The contributory (secondary or intercur-Never report mere "Atrophy," ("Con-



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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Typhoid fever (never report "Typhoid meumonia");
Lobar meumonio. Bronchopmeumonia ("Pneumonia"); unqualified, is indefinite); Fuberculosis of lungs, meninfever (the only definite synonym is "Epidemic eerebroterm for the same disease. Examples: Cerebrospinal time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE using always the same accepted

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BUREAU, V.S.

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Filed

Very state PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. Exact classified. 4 P THIS properly supplied. UNFADING may certificate. = that 50 WITH back terms, should LO plain See instructions information -DEATH WRITE ŏ F Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) a hospital or institution. give Ifs NAME instead of streef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4-COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, MORDIVORCED (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from (Month) (Day Year) TAGE If LESS than and that death occurred on the date stated above. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 0 (Dorafion) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. __ State _____ yrs, ___ (State or country Where was disease confracted, 14 THE ABOVE IS TRUE KNOWL If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

(Year)

ADDRESS

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REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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BURTAU, V.S.